

FILED JUN 29 1946
318

State File No. 21534

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 5121

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital - Max C. Starkloff
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 020
(c) City or town St. Louis
2215 Cherokee St.
(If outside city or town limits, write "RURAL") 247
(d) Street No. Memorial (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME

CHARLES BERTRAM

3. (b) If veteran, name war --

3. (c) Social Security No. 494-01-0352

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lillian
6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased Nov. 19 1892
(Month) (Day) (Year)

8. AGE: Years 53 Months 6 Days 18
If less than one day hr. _____ min. _____

9. Birthplace Tea, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Motor Man

11. Industry or business

12. Name Fred Bertram
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Lillian Bertram
(b) Address 2215 Cherokee St.

17. (a) Burial (b) Date thereof 6/20/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Park Lawn Cemetery

18. (a) Signature of funeral director Wacker-Webster
(b) Address 3634 Gavois Ave.

19. (a) June 8 1946 (b) J. F. Bredek
(Date registered) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7th
year 1946 hour 3:10 minute A M.
21. I hereby certify that I attended the deceased from 3/10/46
19____ to June 7th, 19____
that I last saw him alive on June 7th, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of pancreas
Duration 1 yr

Due to _____
Due to _____
Other conditions Empyema of chest
(Include emergency within 3 months of death)

Major findings: Of operations same
Of autopsy same
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature J. F. Bredek 6/14/46 (or other) _____
Address _____ Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Frank J. Collins*
Licensed Embalmer No. *2675*
P. O. Address..... *W. H. ...*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.